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The Correlation between Servant Leadership and Organizational Commitment within an Academic Health Center

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Abstract

This paper presents an overview of a study of the relationship between servant leadership and organizational commitment. The study included a convenience sample of 84 full and part-time employees of a health professions education unit within an academic health center. Participants were surveyed using the Executive Servant Leadership Scale (ESLS) to assess servant leadership and the Klein Unidimensional Target-free (KUT) instrument to assess organizational commitment. Data analysis was conducted using Kendall's tau-b and Spearman's rho. Results showed that there is a significant positive relationship between servant leadership and organizational commitment.

Keywords: Servant Leadership, Organizational Commitment, Academic Health Centers

In the health care industry, leadership is urgently needed to address the challenges facing the health care needs of American society in the 21st century (Arroliga, Huber, Myers, Dieckert, & Wesson, 2013). Challenges that health care leaders face include meeting government regulations, maintaining advances in technology, and providing a quality patient experience. To address these demands, the need for new organizational structure within health care organizations, the need for shared leadership at all levels of the organization, and a greater service-oriented and customer-centered focus were identified as top priorities (Health Research Education and Trust, 2014).

One facet of the health care industry includes organizations that educate future health care professionals known as academic health science centers. There is consensus among scholars that health care organizations, such as academic health science centers, continue to be dominated by leaders who practice outdated command-and-control styles of leadership within organizational pyramids that are innately rigid and work against interdisciplinary collaboration (Terry, 2011). In concurrence, Chen, et al. (2016) argue that a need to focus on new leadership behaviors to improve health professions education and practice exists.

More specifically, leaders in academic health science centers are confronted with many challenges to fulfill their tripartite missions of education, research, and practice. These challenges include academics, fiscal consistency, research assistance, and fulfilling accreditation requirements (Citaku, Violato, Beran, Hecker, & Cawthorpe, 2012). Leader competencies known as social responsibility, innovation, and leading others were identified as highly important in addressing these challenges and are displayed through leader behavior such as active listening, honesty, integrity, seeking feedback, and treating employees fairly.

The leader behaviors recommended above to address health care leader concerns include characteristics that align with servant-leadership. At the time of his writings, Robert Greenleaf (1977) presented servant leadership as a leadership style that promotes personal integrity, shares decision-making, and opposes self-centered top leaders operating in a hierarchal organizational structure. In support of the servant leadership style, Waterman (2011) posited that the goals of contemporary leaders in health care may be attained if the leader considers the responsibility as one who serves to facilitate change rather than one who dominates and controls.

Additionally, an investigation regarding why faculty at academic health centers leave their institutions found that negative faculty perceptions of culture including isolation, low ethical culture, and lack of engagement were linked to faculty intentions to leave their institution and/or academic medicine (Pololi, Krupat, Civian, Ash, & Brennan, 2012). The motives of faculty to leave the academic health center may be viewed as low organizational commitment. The problem presented in this study is that it was not known to what extent a correlation exists between leadership and employee organizational commitment at academic health science centers. The purpose of this study was to explore the relationship between servant leadership and employee desire to stay at an academic health science center.

The personal attributes and behaviors of leaders are factors that influence employee commitment (Rehman, Shareef, Mahmood, & Ishaque, 2012). Servant leadership behaviors that have been reported to enhance employee commitment in health care organizations include a commitment to the growth of people (Olesia, Namusonge, & Iravo, 2013), and listening (Panaccio, Henderson, Liden, Wayne, & Cao, 2015). Organizational commitment of employees is supported in the research as an important determinant of organizational performance that has been linked to higher quality health care services and employee outcomes such as job satisfaction (Hamdi & Rajablu, 2012). As a shared leadership style that engages the follower in decision-making (Greenleaf, 1977), it is important to study whether servant leadership may be related to organizational commitment to improve the performance of health professions education organizations.

In this study, five servant leadership behaviors were explored and identified as interpersonal support, building community, altruism, egalitarianism, and moral integrity. Interpersonal support is described as offering help to others so that they may succeed and grow as individuals. Building community involves the leader's skill to value individual differences, promote collaboration, and motivate employee loyalty. Altruism demonstrates the leader as one who prefers to serve rather than be served and places other's interests over personal gain. Egalitarianism espouses the leader soliciting employee feedback and deliberation of their ideas. Moral integrity is exhibited by leaders who promote veracity and openness at all levels of the organization (Reed, Vidaver-Cohen, & Colwell, 2011).

This research addressed the gap in the literature that does not fully explain the relationship between servant leadership and organizational commitment. This study helped to fill this gap about whether servant leader behaviors are effective in promoting employee engagement in the academic health science center environment. This type of information is relevant as it informs leaders in health professions education about behaviors that impact health care professionals who influence the health outcomes in the communities they serve. Much of the research on organizational commitment and leadership has been focused on the relationship with transformational leadership (Gokce, 2014). Further, the relationship between servant leadership and organizational commitment is not well understood, and this study intended to provide insight into leadership behaviors that may be related to an employee's identification with and devotion to the academic health science center system.

LITERATURE REVIEW

Servant Leadership

The theoretical framework guiding this study regarding servant leadership theory was based on the seminal work of Robert Greenleaf. The theory of servant leadership was established by Robert Greenleaf in 1970 and is the first construct in this study. The servant leader was defined as one who desires deep within to first be a servant to others, before making a conscious decision to lead (Greenleaf, 1977). The servant leader was viewed as one whose primary effort is to serve first and to put the desires, goals, and well-being of others above their own (Greenleaf,

2008). The focus of the servant leader is on the follower, not the organization and this is how it differs from other styles of leadership, such as transformational leadership (Goh & Low, 2014). The servant leader leads the follower for the follower's sake which is not the same focus as the transformational leader who leads the follower for the organization's sake.

Aligning with the priorities mentioned above, servant leadership differs from other types of leadership by placing an emphasis on relationship, service, and the needs of the followers (Greenleaf, 1977). For example, the individual who practices servant leadership focuses on establishing a relationship with the follower which differs from the individual who practices transactional leadership and focuses on the tasks performed by the follower in exchange for a reward (Deichmann & Stam, 2015). The servant leader serves the follower by focusing less on their personal goals and placing greater priority on meeting the goals of the follower. This differs from traditional command and control leadership, which is characterized by the leader emphasizing their interests and achievement. Servant leadership involves inviting the follower's participation in making decisions which increases their self-confidence and assists with their personal and professional growth (Olesia et al., 2013). The growth of the follower ultimately influences the success of the organization. In contrast, authoritarian leadership involves the leader making all the decisions and passing them down to others (Shekari & Nikooparvar, 2012).

The characteristics in the (Reed, et al., 2011) model include interpersonal support, building community, altruism, egalitarianism, and moral integrity. First, interpersonal support is described as offering help to others so that they may succeed and grow as individuals. Second, building community involves the health professions education leader's skill to value individual differences, promote collaboration, and motivate employee loyalty. Third, altruism demonstrates the leader as one who prefers to serve rather than be served and places other's interests over personal gain. Fourth, egalitarianism espouses the leader soliciting employee feedback and deliberation of their ideas. Fifth, moral integrity is exhibited by leaders who promote veracity and openness at all levels of the organization.

Organizational Commitment

The seminal work of Meyer and Allen (1991) is the major source informing the organizational commitment theory, the second construct of this study. This early perspective defined organizational commitment as a psychological state that had three separate components known as affective commitment, continuance commitment, and normative commitment. Affective commitment is an individual's psychological connection to remain in the organization. Continuance commitment posits that an individual's choice or desire to continue with the organization is due to a high cost of leaving. Normative commitment is considered a moral obligation of an individual to remain associated with the organization.

Commitment has been defined in different ways showing a lack of agreement between researchers (Sjahruddin & Sudiro, 2013). Klein (2012) concurred that a variety of definitions of organizational commitment have occurred over time and efforts to consolidate the definition are needed to achieve a greater

understanding of the theory. In this study, organizational commitment was operationalized as a psychological attachment that reflects an employee's dedication to and responsibility for their workplace (Klein et al., 2014).

The topic of organizational commitment is not new and has been supported in the literature as one of the most frequently studied concepts in the study of organizations with a research history spanning more than five decades (Klein, Becker, & Meyer, 2013). A more recent explanation of commitment theory defined commitment as a psychological bond or attachment of an individual to a particular organization such as a workplace organization (Klein, Cooper, Molloy, & Swanson, 2014). This study examined the relationship between servant leadership behaviors and organizational commitment in the health professions education unit of an academic health science center. The academic health science center is an organization consisting of several entities with missions involving health care education, research, and practice.

Servant Leadership in Health Care Organizations

The traditional hierarchal structure of organizations, with most of the power and authority located at the top levels, results in ineffective leaders for the 21st century (Savage-Austin, & Guillame, 2012). The health care industry needs leadership with attributes that can handle major challenges presented by health care reform, economic depression, and stakeholder needs (Health Research and Educational Trust, 2014). As the emphasis in health care organizations moves away from leader-focused thinking, the follower-centric emphasis such as presented in servant leadership may be suitable for the effectiveness of health professions education organizations.

Servant Leadership and Follower Outcomes

Servant leadership was shown to be related to follower outcomes including employee satisfaction (McCann, Graves, & Cox, 2014), growth and performance (Savage-Austin & Guillame, 2012), trust (Rezaei, Salehi, Shafiei, & Sabet, 2012), and employee behavior (Wu, Tse, Fu, Kwan, & Liu, 2013). Savage-Austin and Guillame (2012) posited that organizations espousing the servant leadership philosophy address both the leader's and the followers' roles regarding how to work together to achieve desired organizational outcomes.

In the secondary education setting, Shaw and Newton (2014) found a positive relationship between teachers' perceptions of servant leadership behaviors of their principals and teacher job satisfaction ($r = 0.83$; $p = 0.02$). In the higher education setting, Alonderiene and Majauskaite (2016) found a positive relationship between perceptions of servant leadership and job satisfaction ($r = .590$; $p = 0.01$). Results indicated that servant leadership had a positive influence on the faculty's job satisfaction which is relevant to this study where servant leadership and employees' commitment to their top supervisor was explored

Nature of Commitment

Organizational commitment has been studied to explain why an employee identifies with and remains attached and devoted to a work organization. Commitment in the

workplace is an important topic that can influence organizational success and employee welfare (Sjahruddin & Sudiro, 2013). Based on this premise, a committed employee will utilize all their skills and knowledge for the benefit of the organization to impact the success and wellbeing of the organization (Wiza & Hlanganipal, 2014).

Different perspectives confound the topic of organizational commitment. Klein et al. (2013) developed a new definition of organizational commitment with the intent of simplifying the topic while maintaining its relevance. Klein et al. developed a less complex theory for workplace commitment bonds by re-thinking the term commitment for a certain type of bond and viewing commitment in a target-free fashion, meaning one that applies to any workplace target. Klein (2012) defined organizational commitment as a freely chosen psychological bond that reflects a person's dedication to a particular target. Klein's definition of organizational commitment was the operational definition in this study. There has been little research focusing on Klein's newly formed concept of organizational commitment which was a gap filled by this study.

Organizational Commitment and Leadership Styles

Organizational commitment and leadership styles have been shown empirically to be related (Kool & Van Dierendonck, 2012). Organizational commitment is universal in the work environment and has been shown to have significant outcomes related to workers and companies (Klein et al., 2013). In the academic setting, Cogaltay and Karadag (2016) studied how academic leadership influences organizational variables such as organizational commitment and found a positive relationship between educational leadership and organizational commitment (r = .43). Leadership style and its relationship with the commitment of employees within an academic health science system were further explored by answering the research questions in this study.

RQ1*:* Is there a significant relationship between overall employee-perceived servant leadership and employee organizational commitment within an academic health science center in the northeastern region of the United States?

RQ2: Is there a significant relationship between employee-perceived interpersonal support of the leader and employee organizational commitment within an academic health science center in the northeastern region of the United States?

RQ3: Is there a significant relationship between employee-perceived building community of the leader and employee organizational commitment within an academic health science center in the northeastern region of the United States?

RQ4: Is there a significant relationship between employee-perceived altruism of the leader and employee organizational commitment within an academic health science center in the northeastern region of the United States?

RQ5: Is there a significant relationship between employee-perceived egalitarianism of the leader and employee organizational commitment

within an academic health science center in the northeastern region of the United States?

RQ6: Is there a significant relationship between employee-perceived moral integrity of the leader and employee organizational commitment within an academic health science center in the northeastern region of the United States?

METHODOLOGY

Data and Sample

The survey method was utilized to collect the data required to respond to the research questions. The sample was recruited from a target population of 550 potential participants by utilizing each employee's internal email address at the academic health science center. The online survey was administered by the secure Qualtrics web surveyor. Two follow-up email reminders were sent a week apart to the employees who had not responded to obtain an adequate sample. A pledge of confidentiality was included in the informed consent form. A secure link took the participant to the survey after informed consent was acknowledged. A chance to win a $50 Dunkin Donuts gift card using a lottery system was offered to respondents as an incentive to encourage participation. The outcome of the drawing was kept confidential.

The study involved surveying individual employees who were employed full and part-time for at least one year at the academic health science center within the northeastern United States. The ages of the employees ranged from 18 - 75 years old. The sample was a volunteer, convenience sample that helped expedite data collection. The a priori analysis for correlational analysis was performed with a significance level of .05, and a conventional power of .80, resulting in a minimum sample size N = 84. Survey data was collected from employees working at staff, faculty, and administrative levels of the unit within the academic health science center.

Instrumentation

Numerical data were collected from two existing survey instruments to respond to the research questions. The first survey designed to assess the servant leadership behaviors of the health professions education leaders is known as the Executive Servant Leadership Scale (ESLS) developed by Reed et al. (2011). The ESLS was designed and used to measure servant leadership behaviors of top leaders. Given the scandalous influence top leaders may have on the managers, followers, and the entire organization (Peterson, Galvin, & Lange, 2012), it is important to have Reed et al.'s instrument to study the top leader's servant leadership behavior.

The second survey designed to assess the organizational commitment of the employees at the academic health science center is known as the Klein Unidimensional Target-free (KUT) assessment developed by Klein et al., (2013). The KUT (Klein, 2012) was used to measure organizational commitment condensed into one dimension, unlike the common three-component construct

(Meyer & Allen, 1991). The KUT added a simpler understanding of the construct that could be applied to any target (Klein et al., 2014).

Executive Servant Leadership Scale

The 55-item ESLS was empirically tested on 344 participants. The instrument provides one scale and five subscales, each showing strong internal consistency. Cronbach's alpha ranged from 0.90 to 95 and composite reliabilities from 0.96 to 0.97 (Reed et al., 2011). The ESLS is based on the conceptual model consisting of five first-order factors reflecting basic characteristics of servant leadership as described by Greenleaf (2008) and known as interpersonal support, building community, altruism, egalitarianism, and moral integrity showing strong convergent validity. All items loaded significantly ($p < 0.001$) showing strong convergent validity (Reed et al., 2011).

Klein Unidimensional Target-free Scale

The second scale designed to assess the organizational commitment of the employees at the academic health science center is known as the Klein Unidimensional Target-free (KUT) assessment developed by Klein et al. (2014). The KUT is a four-item instrument designed as a simplified measure of organizational commitment across all workplace targets. The respondents were asked about their commitment to their place of work using a 5-point response scale ranging from *Not at all to Completely*. Support for reliability was found with Cronbach alpha reliabilities ranging from 0.86 – 0.98 (Klein et al., 2014). These values indicate high reliability or consistency of measurement of the KUT. Support for validity was found with all standardized factor loadings exceeding the 0.60 required threshold. The standardized loadings ranged from 0.68 to 0.97. Items loaded significantly across the different targets or organizations ($p < 0.01$) and showed psychometric properties supportive of strong validity (Klein et al., 2014).

Measures

The first construct in this study was servant leadership, which is defined as the leadership style in which the leader desires to first be a servant to others before making a conscious decision to lead (Greenleaf, 1977). The theoretical approach of servant leadership established in 1970 by Greenleaf is distinguished from other styles of leadership based on its emphasis on relationship, service, and meeting the needs of the followers as a priority over personal gain. In this study, servant leadership was operationalized as interpersonal support, building community, altruism, egalitarianism, and moral integrity. These were interval variables calculated from the mean score of relevant survey questions of the Executive Servant Leadership Scale (Reed et al., 2011).

Organizational commitment was the second construct in this study. Organizational commitment was operationalized as a psychological attachment that reflects an employee's dedication to and responsibility for their workplace (Klein et al., 2014). Organizational commitment was an

interval variable calculated as the average of scores for all four survey questions of the Klein Unidimensional Target-free instrument.

Data Analysis

The Qualtrics survey server was used to download the data into the database. The database was arranged as an Excel spreadsheet listing each participant as a row, with a unique identification number as assigned by the Qualtrics survey server. Each survey question was listed as a column. Each variable was listed as a column which included interpersonal support, building community, altruism, egalitarianism, and moral integrity, and organizational commitment. The data were created in the Statistical Package for the Social Sciences (SPSS) version 24 software for statistical analysis to calculate statistical significance. Missing values were not included in the calculations.

Quantitative and descriptive data analysis techniques were used for employee-perceived servant leadership variables including interpersonal support, building community, altruism, egalitarianism, and moral integrity, and for the employee organizational commitment variable. This analysis indicated the means, standard deviations, and range of scores for these variables. Inferential statistics included correlational analysis that was used to assess the relationship between employee-perceived servant leadership and employee organizational commitment variables in this study.

Results

To answer RQs 1 through 6 regarding the relationship between servant leadership and organizational commitment, correlational analysis was performed using Kendall's tau-b correlation coefficient (τ_b) test. Kendall's tau-b was used as a strong nonparametric substitute since the data did not meet all of the assumptions for Pearson's r correlation test. Table 1 contains the results of the correlational analysis between employee-perceived servant leadership and employee organizational commitment for the total sample $N = 84$.

Table 1.

Kendall's tau-b Correlations between Servant Leadership and Organizational Commitment

			OC	IS	MI	EG	AL	BC	SL mean
Kendall's tau-b	Organizational Commitment	Correlation Coefficient	1	.288**	.318**	.347**	.338**	.324**	.319**
		Sig. (2-tailed)		.001	<.001	<.001	<.001	<.001	<.001

Note. OC=Organizational Commitment, IS=Interpersonal Support, MI=Moral Integrity, EG=Egalitarianism, AL=Altruism, BC=Building Community, SL=Servant Leadership

Table 1 shows a significant positive, moderate correlation between servant leadership and organizational commitment τ_b = .319, p < .001 (N = 84). The correlation scores between each of the five servant leadership behaviors and organizational commitment showed a moderate positive relationship. Interpersonal support and organizational commitment had the weakest association of τ_b = .288, p < .001 for a moderate relationship. The correlation score between moral integrity and organizational commitment was τ_b = .318, p < .001 for a moderate relationship. The strongest correlation score between egalitarianism and organizational commitment was τ_b = .347, p < .001 (N = 84) for a moderate relationship. The correlation score between altruism was next with a score of τ_b = .338, p < .001 (N = 84). Building community and organizational commitment had a slightly weaker correlation score of τ_b = .324, p < .001 for a moderate relationship.

Data analysis was also conducted using the Spearman's rho correlation coefficient (r_s) statistical analysis test to answer the research questions and provide further validity for analysis. Table 2 contains the results of the Spearman's rho correlational analysis between servant leadership and organizational commitment. The total sample was N = 84. The correlation scores between each of the five servant leadership behaviors and organizational commitment are also displayed.

Table 2.
Spearman's rho Correlations between Servant Leadership and Organizational Commitment

	OC	IS	MI	EG	AL	BC	SL
Spearman's rho							
Organizational Commitment	1	.391	.409	.423	.423	.412	.416
Sig. (2-tailed)		.001	.001	<.001	<.001	.001	<.001

Note. OC=Organizational Commitment, IS=Interpersonal Support, MI=Moral Integrity, EG=Egalitarianism, AL=Altruism, BC=Building Community, SL=Servant Leadership

Table 2 shows a significant positive, moderate correlation $r_s = .416$, $p < .001$ ($N = 84$) between servant leadership and organizational commitment. The correlation scores were computed using the mean scores of each of the five servant leadership behaviors and organizational commitment. Interpersonal support and organizational commitment had the weakest association of $r_s = .391$ or a moderate relationship. The correlation score between moral integrity and organizational commitment was $r_s = .409$, or a moderate relationship. The strongest correlation scores between egalitarianism, altruism, and organizational commitment were $r_s = .423$ or a moderate relationship. The correlation score between building community and organizational commitment was $r_s = .412$ for a moderate relationship. Correlational analysis showed a significant positive correlation between organizational commitment, servant leadership, and each of the five servant leadership behaviors for the employees.

DISCUSSION

RQ 1 examined the relationship between servant leadership behaviors and organizational commitment of all employees at the health professions education unit of the academic health science center.

After correlational analysis using Kendall's tau-b and Spearman's rho, this study found a significant, positive, moderate relationship ($\tau_b = .319$; $r_s = .419$, $p < .001$) between servant leadership and organizational commitment of the employees. These findings aligned with previous studies indicating that a relationship exists between servant leadership and organizational commitment (Goh & Low, 2014; Kool & Van Dierendonck, 2012; Sokoll, 2014; Van Dierendonck, Stam, Boersma, de Windt, & Alkema, 2014; Zhou & Miao, 2014).

RQ 2 examined the relationship between servant leadership behavioral construct of interpersonal support and organizational commitment of employees.

After correlational analysis, this study found a significant, positive, moderate relationship ($\tau_b = .288$; $r_s = .391$, $p < .001$) between interpersonal support and organizational commitment of the employees at the academic health science center. Interpersonal support is described as offering help to others so that they may succeed and grow as individuals. This finding aligns with the Pololi, Krupat,

Civian, Ash, and Brennan (2012) study which found that institutional support that promoted professional development was a reason for individuals to remain at the academic health science center where they worked.

RQ 3 examined the relationship between servant leadership behavioral construct of building community and organizational commitment.

After correlational, analysis this study found a significant positive moderate relationship (τ_b = .324; r_s = .412, p < .001) between building community and organizational commitment. Building community describes leadership behavior as valuing individual differences and building a spirit of cooperation. These findings highlight the relational aspect of servant leadership and improving the internal and external community of the organization (Greenleaf, 1977). These findings also align with the Relatedness/Inclusion cultural dimension of Pololi et al.'s (2012) study which reported colleagues valuing contributions as a reason for staying with the organization.

RQ 4 examined the relationship between the servant leadership behavioral construct of altruism and organizational commitment.

After correlational analysis, this study found a positive, moderate relationship (τ_b = .338; r_s = .423, p < .001) between altruism and organizational commitment. Altruism was identified by Reed et al. (2011) as a principal feature of Greenleaf's viewpoint of servant leadership that occurs when a leader prefers to serve willingly without expectation of any compensation and desires to meet the needs of others over their own needs. An example survey item for altruism was written as "sacrifice personal benefit". These findings suggested that the devotion of the academic health science center employees toward their workplace was influenced by their leaders behaving in a manner that valued their input and sought to meet the employee's needs above the leader's needs.

RQ 5 examined the relationship between the servant leadership behavioral construct of egalitarianism and organizational commitment.

After correlational analysis, one of the strongest correlation scores (τ_b = .347; r_s = .423, p < .001) generated by the employees in this study was found between the servant leadership behavior egalitarianism and organizational commitment. Reed et al. (2011) identified egalitarianism as one of Greenleaf's central features of servant leadership and defined the behavior as the leader appreciating feedback input from individuals employed at all levels of the organization while refusing to embrace a sense of dominance over other organizational members. Further, egalitarianism or leaders not viewing themselves as superior to other members of the organization had the greatest influence on employee devotion to the organization. An example survey item for Egalitarianism was (Encourages debate).

RQ 6 examined the relationship between servant leadership behavior moral integrity and organizational commitment.

After correlational analysis, one of the strongest correlation scores (τ_b = .318; r_s = .409, p < .001) generated by the employees in this study was found between the servant leadership behavior moral integrity and organizational commitment. Moral integrity or the leader's ability to promote values such as honesty, trustworthiness, and transparency throughout the organization had the second-highest influence on the staff's organizational commitment. These findings support the importance of leaders serving employees' needs above their interests in a decidedly ethical manner as posited in Greenleaf's (1977) theory. Moral integrity also aligns with the cultural dimension of Values Alignment in Pololi et al.'s (2012) study of faculty reasons for leaving the academic health center. These findings support the position that the greater the individual's values agreed with the institution's values, the greater the likelihood of the faculty member staying at the organization.

Study Limitations

The results of the study did have limitations or weaknesses. First, the data were collected using self-report surveys distributed electronically by a single source in one location in the state and within one organization. Second, the study was limited to one unit of the organization and may have missed important information that could have been obtained if the entire health care organization would have been involved. Taking into consideration that the study included only one unit of the academic health science center, broadening the study to include more units may have increased the sample size and reinforced the results regarding the correlation between the variables.

Recommendations for future research

The first recommendation for future research includes conducting a qualitative examination of the relationship between servant leadership behaviors and organizational commitment. Gathering information from the lived experiences of the employees at the academic unit may provide valuable enlightenment on the relationship between the variables. Second, future research to include the perceptions of the employees based on their position level, education level, gender, and length of service at the organization is recommended. The additional sample characteristics may provide a more informed study. Third, future research that expands the sample to include the entire academic health science center representing nursing, medicine, dentistry and, public health fields will broaden the study, enlarge the sample, and allow regression analysis to be accomplished.

Finally, the study was conducted in an urban, metropolitan setting in the northeastern United States. The results may be culture-specific. Therefore, future research is recommended to different geographical locations of the United States and across a wider range of health care organizations in other cultures and countries as servant leadership is effective as a cross-cultural leadership style (Carroll & Patterson, 2014).

SL and Future Practice in the Academic Health Science Center

This study's findings have theoretical implications in support of Greenleaf's theory. The respondents' mean scores of servant leadership and the five servant leadership behaviors measured by the ESLS were above the mid-points. At the individual level, these results inform leaders within the academic health science center that employees support leadership that focuses on meeting the needs of the follower first and not the organization. The results support personal attributes of the servant leader such as one who is not self-serving but desires to first be a servant to others before making a conscious decision to lead and who values feedback and input from others (Greenleaf, 1977). This is particularly important in an academic environment that thrives on collegiality and collaboration in an industry that requires teamwork. Also, at the individual level, the study findings inform the organization's leaders that servant leadership may foster a positive work experience leading to greater levels of employee well-being, involvement, satisfaction, and achievement as posited in previous works (Van Dierendonck, 2011).

The results of this study add to servant leadership literature supporting the position that there is a relationship between servant leadership and organizational commitment. This study addressed the gap about which servant leader behaviors such as altruism and egalitarianism are effective in promoting employee devotion to a new setting – the academic health science center. By examining this relationship, the study offers new insight into the academic health science center culture and contributes to the leadership, management, and human resources literature that servant leadership is a style that possesses the skills and competencies necessary for organizations to remain competitive in the 21st century (Savage-Austin & Honeycutt, 2011).

The results of this study have practical implications that may be applied at the organizational level. The findings of this study offer health professions educational leaders with information about behaviors that emphasize the relational aspect of leadership. Implementing leadership training of all five servant leadership behaviors may help to improve the organizational commitment of employees at the academic health science center. Training that includes moving away from leader-focused thinking to a follower-centric emphasis may be suitable for the effectiveness of health professions education organizations (Health Research & Educational Trust, 2014).

Future leadership training that emphasizes practicing the leader's willingness to serve others without any reward, treating followers with equality and integrity, and valuing the input of others may be important. At the societal level, the study results may inform leaders about behaviors that impact employees as health care professionals. In turn, these employees influence, through education and practice, future health care practitioners and the health outcomes in the communities they serve and society at large.

Sharing this information with all employees at professional development activities may influence organizational commitment throughout the organization. This study's findings regarding the positive relationship between the five servant leadership behaviors and organizational commitment may be written in a manual format for human resources personnel to employ in their hiring and training

practices. In-service training and workshops may be developed by human resources personnel and administered to supervisory level employees that describe what type of leadership behaviors to look for in new hires that enhance the employee's growth, loyalty to the organization and, work performance. The Executive Servant Leadership Scale may be administered to newly hired employees to assess their level of servant leadership orientation and to determine subsequent leadership training.

CONCLUSION

This study examined the relationship between servant leadership and organizational commitment to determine to what extent employee-perceived servant leadership behaviors, including interpersonal support, building community, altruism, egalitarianism, and moral integrity were related to employee organizational commitment within an academic health science center. Results showed a positive correlation between all five servant leadership behaviors and organizational commitment for all employees. These findings suggest to leaders of academic health science centers that practicing servant leadership behaviors has the potential to positively influence the employees' dedication to their workplace and ultimately impact the success and effectiveness of their organization.

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